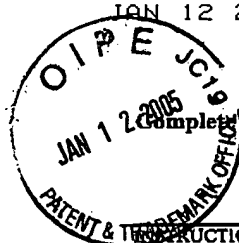


## PART B - FEE(S) TRANSMITTAL



completely and send this form, together with applicable fee(s), to: **Mail**

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**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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00909 7590 10/28/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

**Hans-Peter G. Hoffmann** (Depositor's name)  
*Hans-Peter G. Hoffmann* (Signature)  
**January 12, 2005** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/685,031	10/14/2003	Qi Han	BMS-PH-7164(C)	4881

**TITLE OF INVENTION: SUBSTITUTED LACTAMS AS INHIBITORS OF ABETA PROTEIN PRODUCTION**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	<del>XXXX</del> \$1,400	\$300	<del>XXXX</del> \$1,700	01/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KIFLE, BRUCK	1624	514-212040

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Pillsbury Winthrop LLP**

2 \_\_\_\_\_

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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**Bristol-Myers Squibb Pharma Company**

**Princeton, NJ**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **03-3975** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

*Hans-Peter G. Hoffmann*

Date **January 12, 2005**

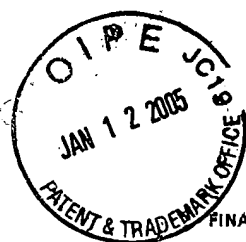
Typed or printed name

**Hans-Peter G. Hoffmann**

Registration No. **37,352**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Comments:

**Re: U.S. Patent Application S/N 10/685,031**

Sir:

We enclose Part-B – Fee(s) Transmittal for payment of the issue fee and publication fee, totaling \$1,700.00, for the above-referenced U.S. patent application. Please charge the fees to Deposit Account No. 03-3975.

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**Enclosure**

Sincerely,

Hans-Peter G. Hoffmann  
Reg. No. 37,352  
Patent Agent

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